Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			$\Box$		COIL	Jianin Ly				OR 1 I	,		
			3 /				ŀ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA	ľ	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS				nus 20=	* 3	7		X\$ 9=		OR	X\$18=	660	
INDEPENDENT CLAIMS			3 minus 3 =  *					X42=		OR	X84=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				1	TOTAL		OR	TOTAL	416	
	C					OTHER							
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=	I	X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MI	Minus				ſ	X42=		OR	X84=		
<b> </b>	FINOT PRESE	INTATION OF MI	JUITPLE DE	PENDENT	CLAIM			+140=		OR	+280=		
		L	TOTAL DDIT. FEE		OR	TOTAL							
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE		
<u></u>		CLAIMS		HIGH	IEST	(Column 3)	г		ADDI-			ADDI-	
ENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=		0.0	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.01		
								+140=		OR	+280=		
										OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=		
N N	Independent	*	Minus	***		=		X42=		0.0	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/\'Z=		OR	7.01-		
*	If the entry in colu	mn 1 is less than th	ne entry in col	umn 2 write	e "O" in col	umn 3	L	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		nber Previously Pa					r four	nd in the app	propriate box	k in co	lumn 1.		